

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name HealthSpot Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 27-3677250

4. Debtor's address Principal place of business

545 Metro Place South  
Suite 430  
Dublin, OH 43017

Number, Street, City, State & ZIP Code

Franklin

County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.healthspot.net

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership

☐ Other. Specify: \_\_\_\_\_

Debtor **HealthSpot Inc.**  
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

1498

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- ☒ Chapter 7  
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship to you	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **HealthSpot Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**15. Estimated Assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input type="checkbox"/> \$1,000,001 - \$10 million             | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million           | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million          | <input type="checkbox"/> More than \$50 billion          |

Debtor **HealthSpot Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 13, 2016**  
MM / DD / YYYY

**X /s/ Steve Cashman**  
Signature of authorized representative of debtor

**Steve Cashman**  
Printed name

Title **Board Appointed Representative**

**18. Signature of attorney**

**X /s/ David M. Whittaker Esq.**  
Signature of attorney for debtor

Date **January 13, 2016**  
MM / DD / YYYY

**David M. Whittaker Esq.**  
Printed name

**Bricker & Eckler LLP**  
Firm name

**100 South Third Street**  
**Columbus, OH 43215**  
Number, Street, City, State & ZIP Code

Contact phone **614-227-2355** Email address **dwhittaker@bricker.com**

**0019307**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2016

X /s/ Steve Cashman

Signature of individual signing on behalf of debtor

Steve Cashman

Printed name

Board Appointed Representative

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$	<b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$	<b>5,169,360.50</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$	<b>5,169,360.50</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$	<b>1,629,048.20</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)		
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....	+\$	<b>21,645,807.22</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$	<b>23,274,855.42</b>

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.. Key Bank

Checking

8226

\$85,165.19

3.2.. Key Bank

Checking

0305

\$4,430.71

3.3.. Key Bank

Checking

1170

\$228.80

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$89,824.70**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1.. Retainer for legal services with Dickinson Wright PLLC - may be subject to setoff

\$11,534.90

Debtor HealthSpot Inc. Case number (If known) \_\_\_\_\_  
Name

7.2..	Security deposit of \$15,845.60 with Right Way Supply Chain Solutions LLC reagrding lease of warehouse space at 776 Morrison Rd. Gahanna OH - may be subject to setoff	\$15,845.60
7.3..	Retainer for legal services with Bennett Jones - may be subject to setoff	\$5,000.00
8.	<b>Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent</b> Description, including name of holder of prepayment	
8.1..	Cash advance to Steve Cashmen - may be subject to setoff	\$3,229.73
8.2..	Cash advance to Ryan Rimmel - may be subject to setoff	\$2,000.00
8.3..	Prepayment to BMC - may be subject to seroff	\$10,332.91
8.4..	Prepayment to Vidyo Inc. - may be subject to setoff	\$2,351.59
8.5..	Prepayment to Paessler - may be subject to setoff	\$900.00
8.6..	Prepayment to CDW - may be subject to setoff	\$1,261.32
8.7..	Prepayment to Oracle Inc. - may be subject to setoff	\$2,951.32
9.	<b>Total of Part 2.</b> Add lines 7 through 8. Copy the total to line 81.	<b>\$55,407.37</b>

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 0.00 - 0.00 =.... \$0.00  
face amount doubtful or uncollectible accounts



Debtor HealthSpot Inc.  
Name

Case number (If known) \_\_\_\_\_

11b. Over 90 days old: 506,462.22 - 50,000.00 = .... \$456,462.22  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$456,462.22

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	Telemedicine Kiosks - approximately 137 in the possession of the Debtor	late 2015	\$1,824,731.34	Recent cost	\$1,824,731.34
	Telemedicine Kiosks - approximately 54 in the possession of customers pursuant to agreements	late 2015	\$1,264,841.28	Recent cost	\$1,264,841.28
	Demonstration kiosks		\$81,265.00	Replacement	\$81,265.00
22.	Other inventory or supplies				
	Other inventory and parts	late 2015	\$412,464.98	Recent cost	\$412,464.98

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$3,583,302.60

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

Debtor HealthSpot Inc. Case number (If known) \_\_\_\_\_  
Name

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture, Non-Leased Computers & Laptops	\$336,123.37	Recent cost	\$336,123.37

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$336,123.37

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1..	2000 Lexus RX300	\$2,300.00	NADA	\$2,300.00

Debtor	<u><b>HealthSpot Inc.</b></u>	Case number (If known) _____
	<small>Name</small>	

  

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

<b>Toolinig</b>	<b>\$645,940.24</b>	<b>Replacement</b>	<b>\$645,940.24</b>
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$648,240.24**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b> <b>Registered trade name "HealthSpot"</b>	<b>\$0.00</b>		<b>Unknown</b>
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties</b> <b>Software costs capitalized</b>	<b>\$4,160,522.71</b>		<b>Unknown</b>
63. <b>Customer lists, mailing lists, or other compilations</b>			
64. <b>Other intangibles, or intellectual property</b> <b>Intellectual property rights and patents associated with the telemedicine business of the Debtor</b>	<b>\$521,103.34</b>		<b>Unknown</b>
65. <b>Goodwill</b>			

Debtor HealthSpot Inc.  
Name

Case number (If known) \_\_\_\_\_

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

**Current value of  
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

**Promissory Note owed by Steve  
Cashman for the purchase of stock  
of the Debtor and secured by the  
stock**

375,000.00 - 375,000.00 =  
Total face amount doubtful or uncollectible amount

**\$0.00**

**Promissory Note owed by Steve  
Cashman to the Debtor for the  
purchase of stock and secured by  
the stock**

200,000.00 - 200,000.00 =  
Total face amount doubtful or uncollectible amount

**\$0.00**

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

**Philadelphia Insurance Companies Liability Policy - with  
bankruptcy exclusions, may not provide coverage and  
may not be property of the bankruptcy estate**

**Unknown**

74. **Causes of action against third parties (whether or not a lawsuit  
has been filed)**

Debtor HealthSpot Inc.  
Name

Case number (If known) \_\_\_\_\_

The Debtor has filed a lawsuit against Computerized Screening Inc. to enforce intellectual property rights of record as Case No. 14 cv 00804 US District Court for the Northern District of Ohio Eastern Division. The Debtor was successful in the District Ct. in obtaining an order that Computerized Screening Inc. did not have rights in the Debtor's intellectual property and Computerized Screenign Inc. has appealed that decision to the Court of Appeals.

Unknown

Nature of claim	Enforcement of intellectual property rights
Amount requested	\$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor **HealthSpot Inc.**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$89,824.70</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$55,407.37</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$456,462.22</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$3,583,302.60</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$336,123.37</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$648,240.24</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$5,169,360.50</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$5,169,360.50</b>

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	<b>Ohio Development Services Agency</b> <small>Creditor's Name</small> <b>Attn. Loan Servicing Office</b> <b>77 South High Street 28th Floor</b> <b>Columbus, OH 43215</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>2013</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Blanket lien on all non-titled assets</b>  Describe the lien <b>security interest</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,629,048.20</b>  <b>\$5,167,360.50</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,629,048.20**  
0

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

**Name and address**

**-NONE-**

**On which line in Part 1 did you enter the related creditor?**

Line

**Last 4 digits of account number for this entity**

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address  
**ADA Compliance Consultants**  
**1002 River Rock Dr.**  
**Suite 121**  
**Folsom, CA 95630**

As of the petition filing date, the claim is:

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred During 2015

Is the claim subject to offset?

☒ No

☐ Yes

**\$5,575.00**

3.2 Nonpriority creditor's name and mailing address  
**Alchemy Graphics**  
**321 Chestnut St.**  
**Roselle Park, NJ 07204**

As of the petition filing date, the claim is:

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred During 2015

Is the claim subject to offset?

☒ No

☐ Yes

**\$2,850.00**



Debtor **HealthSpot Inc.**

Case number (if known)

Name

3.3 Nonpriority creditor's name and mailing address

**American Electric Power  
PO Box 24417  
Canton, OH 44701-4417**

As of the petition filing date, the claim is:

**\$528.44**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business utility services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.4 Nonpriority creditor's name and mailing address

**Arena Solutions Inc.  
110 Marsh Rd.  
Second Floor  
San Mateo, CA 94404**

As of the petition filing date, the claim is:

**\$184.34**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.5 Nonpriority creditor's name and mailing address

**Arrow Electronics Inc.  
OEM Computing Solutions Group  
7459 S. Lima Street  
Englewood, CO 80112**

As of the petition filing date, the claim is:

**\$478,043.08**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.6 Nonpriority creditor's name and mailing address

**AT&T  
PO Box 5019  
Carol Stream, IL 60197-5019**

As of the petition filing date, the claim is:

**\$1,282.83**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business telephone services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Debtor **HealthSpot Inc.**

Case number (if known)

Name

3.7 Nonpriority creditor's name and mailing address

**Atchley Signs**  
**1171 West Third Ave.**  
**Columbus, OH 43212**

As of the petition filing date, the claim is:

**\$671.88**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.8 Nonpriority creditor's name and mailing address

**Barski Drake Browne PLC**  
**14500 N. Northsight Blvd.**  
**#200**  
**Scottsdale, AZ 85260**

As of the petition filing date, the claim is:

**\$1,300.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Professional services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.9 Nonpriority creditor's name and mailing address

**Bennett Jones LLP**  
**PO Box 130**  
**3400 One First Canadian Place**  
**Toronto M5X1A4, ON**

As of the petition filing date, the claim is:

**\$54,097.21**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Professional services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.10 Nonpriority creditor's name and mailing address

**BT HealthSpot Investments LP**  
**79 Plummer McCullough Rd.**  
**Mercer, PA 16137**

As of the petition filing date, the claim is:

**\$27,000.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Convertible Promissory Note**

Date or dates debt was incurred **January 2014**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Debtor	<b>HealthSpot Inc.</b> Name	Case number (if known)
<hr/>		
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>BTRx Initiatives LLC</b> <b>307 Edwards Ferry Rd.</b> <b>Leesburg, VA 20176</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$5,000.00</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Caster Communications</b> <b>155 Main Street</b> <b>Wakefield, RI 02879</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$37,808.69</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>CDW</b> <b>75 Remittance Drive</b> <b>Chicago, IL 60675-1515</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$5,230.43</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Cerdant</b> <b>PO Box 25505</b> <b>Dublin, OH 43017</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$3,360.00</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Columbia Gas of Ohio Inc.</b> <b>PO Box 742510</b> <b>Cincinnati, OH 45274-2510</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business utility services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$634.04</b>
Last 4 digits of account number		
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Computerized Screening Inc.</b> <b>9550 Gateway Dr.</b> <b>Reno, NV 89521</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Claim for infringement of intellectual property rights: the Debtor was successful in the trial court and this claimant has appealed that decision</b> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Date or dates debt was incurred		<b>Unknown</b>
Last 4 digits of account number		
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Connected Health Innovations Inc.</b> <b>1400 Lake Hearn Drive NE</b> <b>Atlanta, GA 30319</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Convertible Promissory Note</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>January 2014</b>		<b>\$10,000,000.00</b>
Last 4 digits of account number		
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Continental Office Enviornments</b> <b>2601 Silver Dr.</b> <b>Columbus, OH 43211</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$869.19</b>
Last 4 digits of account number		

Debtor	<b>HealthSpot Inc.</b> <small>Name</small>	Case number (if known)
<hr/>		
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Creative Financial Staffing LLC</b> <b>PO Box 95111</b> <b>Chicago, IL 60694-5111</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$2,976.14</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Diversified Assemblies Inc.</b> <b>PO Box 5039</b> <b>Shelby, OH 44875</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$1,125.79</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Dunnhumby</b> <b>PO Box 638865</b> <b>Cincinnati, OH 45263-8865</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$25,000.00</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>EAG</b> <b>2130 Arlington Ave.</b> <b>Columbus, OH 43221</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>\$24,505.38</b>
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Executive Travel Planners Inc.</b> <b>6260 S. Sunbury Rd.</b> <b>Suite 4</b> <b>Westerville, OH 43081</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2015</b>	<b>\$21,191.42</b>
	Last 4 digits of account number	
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Expedient</b> <b>Continental Broadband LLC</b> <b>PO Box 645209</b> <b>Pittsburgh, PA 15264-5209</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2015</b>	<b>\$8,945.79</b>
	Last 4 digits of account number	
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Fay Sharpe LLP</b> <b>Attn. Brian Turung Esq.</b> <b>The Halle Building 5th Floor</b> <b>Cleveland, OH 44115</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Professional services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2014 &amp; 2015</b>	<b>\$469,500.74</b>
	Last 4 digits of account number	
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>FedEx</b> <b>PO Box 371461</b> <b>Pittsburgh, PA 15250-7461</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2015</b>	<b>\$1,797.39</b>
	Last 4 digits of account number	

Debtor	<b>HealthSpot Inc.</b> <small>Name</small>	Case number (if known) _____
<hr/>		
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Gordon Flesh</b> <b>PO Box 73288</b> <b>Cleveland, OH 44193-0002</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$483.49</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u>During 2015</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>HMB</b> <b>570 Polaris Parkway</b> <b>Suite 125</b> <b>Westerville, OH 43082</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$105,275.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u>During 2015</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Hopkins Printing</b> <b>PO Box 951404</b> <b>Cleveland, OH 44193</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$8,154.02</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u>During 2015</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Humble Construction Co.</b> <b>1180 Carlisle St.</b> <b>Bellefontaine, OH 43311</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$150,688.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Leasehold improvements</b> <hr/> <b>Date or dates debt was incurred</b> <u>During 2015</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		

Debtor **HealthSpot Inc.**

Case number (if known)

Name

3.31 Nonpriority creditor's name and mailing address

**Ice Miller LLP**  
**27230 Network Place**  
**Chicago, IL 60673-1272**

As of the petition filing date, the claim is:

**\$63.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Legal Services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.32 Nonpriority creditor's name and mailing address

**Information Control Corporation**  
**2500 Corporate Exchange Dr.**  
**Suite 310**  
**Columbus, OH 43231**

As of the petition filing date, the claim is:

**\$58,240.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.33 Nonpriority creditor's name and mailing address

**Kelly Services**  
**PO Box 820405**  
**Philadelphia, PA 19182-0405**

As of the petition filing date, the claim is:

**\$12,425.40**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.34 Nonpriority creditor's name and mailing address

**Keylingo Translations**  
**2 Ravinia Dr.**  
**Suite 500**  
**Atlanta, GA 30346**

As of the petition filing date, the claim is:

**\$172.70**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number



Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>King Business Interiors</b> <b>6155 Huntley Rd.</b> <b>Suite D</b> <b>Columbus, OH 43229</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$103,826.67</b>
Last 4 digits of account number		
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>KPMG Corporate Finance LLC</b> <b>Attn. William G. Welnofer</b> <b>Managing Director</b> <b>200 E. Randolph Dr. Suite 5500</b> <b>Chicago, IL 60601</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Professional services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015 &amp; 2016</b>		<b>Unknown</b>
Last 4 digits of account number		
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>KTM2 LLC</b> <b>6701 West 64th Street</b> <b>Suite 125</b> <b>Overland Park, KS 66207</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Converetible Promissory Note</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>January 2015</b>		<b>\$39,512.62</b>
Last 4 digits of account number		
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Local Waste Services Ltd.</b> <b>PO Box 554747</b> <b>Detroit, MI 48255-4747</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$140.56</b>
Last 4 digits of account number		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Make It Pretty Inc.</b> <b>10158 Windsor Way</b> <b>Powell, OH 43065</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$16,875.00</b>
Last 4 digits of account number		
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Mayo Foundation For Medical Education &amp; Research</b> <b>200 West First Street SW</b> <b>Rochester, MN 55905</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Deferred revenue</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>2014-2015</b>		<b>\$16,900.00</b>
Last 4 digits of account number		
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>McDoanld HealthSpot LLC</b> <b>C/O McDoanld Partners LLC</b> <b>959 W. St. Clair Ave.</b> <b>Cleveland, OH 44113</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Convertible Promissory Note</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>January 2015</b>		<b>\$1,500,000.00</b>
Last 4 digits of account number		
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Medventures/Cloud MD</b> <b>Attn. Shaz Khan</b> <b>15 Allstate Parkway</b> <b>Markham ON L3R 5B4</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Deferred revenue</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>2014-2015</b>		<b>\$479,570.00</b>
Last 4 digits of account number		

Debtor **HealthSpot Inc.**

Case number (if known)

Name

3.43 Nonpriority creditor's name and mailing address

**Mitchell Silver**  
**7755 Arboretum Court**  
**New Albany, OH 43054**

As of the petition filing date, the claim is:

**\$40,000.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Convertible Promissory Note**

Date or dates debt was incurred **January 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.44 Nonpriority creditor's name and mailing address

**NewCrop LLC**  
**Accounts Payable**  
**9055 Soquel Dr.**  
**#H**  
**Aptos, CA 95003**

As of the petition filing date, the claim is:

**\$57,000.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.45 Nonpriority creditor's name and mailing address

**Nottingham Spirk**  
**2200 Overlook Road**  
**Cleveland, OH 44106**

As of the petition filing date, the claim is:

**\$55,682.00**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3.46 Nonpriority creditor's name and mailing address

**Office Depot**  
**PO Box 630813**  
**Cincinnati, OH 45263-0813**

As of the petition filing date, the claim is:

**\$985.10**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Business related services**

Date or dates debt was incurred **During 2015**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio Chamber of Commerce</b> <b>230 East Town Street</b> <b>Columbus, OH 43215</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Membership fee</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Ometek Incorporated</b> <b>790 Cross Pointe Rd.</b> <b>Columbus, OH 43230</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Pro Football Hall of Fame</b> <b>Enshrinement Festival</b> <b>222 Market Ave. N</b> <b>Canton, OH 44702</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business marketing</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		

Debtor	<b>HealthSpot Inc.</b> Name	Case number (if known)
<hr/>		
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Product Safey Consulting Inc.</b> <b>605 Country Club Dr.</b> <b>Suites I &amp; J</b> <b>Bensenville, IL 60106</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$7,437.50</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
<hr/>		
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Promedica Physicians</b> <b>&amp; Continuum Services</b> <b>Attn. Paul Muneio</b> <b>5855 Monroe Street</b> <b>Sylvania, OH 43560</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$30,000.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Deferred revenue</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>2014-2015</b>		
Last 4 digits of account number		
<hr/>		
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Benson</b> <b>Moose Design</b> <b>608 Jackson Street</b> <b>Lafayette, CO 80026</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$31,987.50</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
<hr/>		
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Rite Aid Corporation</b> <b>Attn. Accounts Receivable</b> <b>PO Box 3165</b> <b>Harrisburg, PA 17105</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$7,864.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		
Last 4 digits of account number		
<hr/>		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Half International</b> <b>12400 Collections Center Drive</b> <b>Chicago, IL 60693</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Half Technology</b> <b>PO Box 743295</b> <b>Los Angeles, CA 90074-3295</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Robert W. Baird Co.</b> <b>777 East Wisconsin Ave.</b> <b>Milwaukee, WI 53202</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Professional services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>SAGE</b> <b>14855 Collections Center Dr.</b> <b>Chicago, IL 60693</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Salesforce.com</b> <b>PO Box 203141</b> <b>Dallas, TX 75320-3141</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$34,413.75</b>
Last 4 digits of account number		
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Schneider Downs &amp; Co. Inc.</b> <b>One PPG Place</b> <b>Suite 1700</b> <b>Pittsburgh, PA 15222-5416</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Professional Services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$31,609.00</b>
Last 4 digits of account number		
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>SEKO</b> <b>1100 Arlington Heights Road</b> <b>#600</b> <b>Itasca, IL 60143</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$8,971.79</b>
Last 4 digits of account number		
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Shred-It</b> <b>1370 Research Blvd.</b> <b>Columbus, OH 43230</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred <b>During 2015</b>		<b>\$120.00</b>
Last 4 digits of account number		

Debtor <b>HealthSpot Inc.</b>		Case number (if known)
Name		
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Silo Connectors</b> <b>730 Ken Mar Industrial Parkway</b> <b>Broadview Heights, OH 44147</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Southwest Display &amp; Events</b> <b>1200 Crowley Dr.</b> <b>Carrollton, TX 75006</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Tableau Software</b> <b>PO Box 204021</b> <b>Dallas, TX 75320-4021</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>TCSP Inc.</b> <b>dba Trust Commerce</b> <b>9850 Irvine Center Dr.</b> <b>Irvine, CA 92618</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
Date or dates debt was incurred <b>During 2015</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number		



Debtor	<b>HealthSpot Inc.</b> <small>Name</small>	Case number (if known) _____
<hr/>		
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>The Junto Company</b> <b>691 North High Street</b> <b>Suite 306</b> <b>Columbus, OH 43215</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$17,000.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u><b>During 2015</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Thomson Reuters</b> <b>Payment Center</b> <b>PO Box 6292</b> <b>Carol Stream, IL 60197-6292</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$1,887.47</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u><b>During 2015</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 0916</b> <b>Carol Stream, IL 60132-0916</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$2,385.16</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b> <hr/> <b>Date or dates debt was incurred</b> <u><b>During 2015</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Tri-State Outreach</b> <b>50 North 4th Street</b> <b>Zanesville, OH 43701</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$10,000.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Deferred revenue</b> <hr/> <b>Date or dates debt was incurred</b> <u><b>2012-2015</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Last 4 digits of account number</b> _____
<hr/>		

Debtor	<b>HealthSpot Inc.</b> <small>Name</small>	Case number (if known) _____
<hr/>		
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>TVII Corp.</b> <b>30195 Chagrin Blvd.</b> <b>Suite 310N</b> <b>Pepper Pike, OH 44124</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Unsecured Promissory Note</b>  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>March 2014</b>	<b>\$1,200,000.00</b>
	Last 4 digits of account number _____	
<hr/>		
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Twin Valley Publications</b> <b>PO Box 24</b> <b>West Alexandria, OH 45381</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business related services</b>  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2015</b>	<b>\$750.00</b>
	Last 4 digits of account number _____	
<hr/>		
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Variety Children's Hospital</b> <b>dba Miami Children's Hospital</b> <b>3100 West 62nd Ave.</b> <b>Miami, FL 33155</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Deferred revenue</b>  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>2013-2015</b>	<b>\$156,000.00</b>
	Last 4 digits of account number _____	
<hr/>		
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Vector Security</b> <b>PO Box 89462</b> <b>Cleveland, OH 44101-6462</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business related services</b>  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>During 2015</b>	<b>\$51.14</b>
	Last 4 digits of account number _____	
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Debtor	<b>HealthSpot Inc.</b>	Case number (if known)
	Name	

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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Vidyo</b> <b>PO Box 360642</b> <b>Pittsburgh, PA 15251</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$60,922.35</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>Is the claim subject to offset?</b>
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Xerox Business Services LLC</b> <b>Attn. Connie Harvey</b> <b>1001 Yorkshire Blvd.</b> <b>Lexington, KY 40509</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$6,000,000.00</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Convertible Promissory Notes</b>
	Date or dates debt was incurred <b>January 2014</b>	<b>Is the claim subject to offset?</b>
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Yamamoto</b> <b>88178 Expedite Way</b> <b>Chicago, IL 60695-0001</b>	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><b>\$66,039.24</b></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>Business related services</b>
	Date or dates debt was incurred <b>During 2015</b>	<b>Is the claim subject to offset?</b>
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Amanda J. Martinsek Esq.</b> <b>Thacker Martinsek</b> <b>2300 One Cleveland Center</b> <b>1375 East Ninth Street</b> <b>Cleveland, OH 44114</b>	Line <b>3.16</b>  <input type="checkbox"/> Not listed. Explain	
4.2	<b>Cleveland Cline Foundation</b> <b>Attn. Chief Financial Officer</b> <b>9500 Euclid Ave. NA4</b> <b>Cleveland, OH 44195</b>	Line <b>3.17</b>  <input type="checkbox"/> Not listed. Explain	

	Debtor <b>HealthSpot Inc.</b>	Case number (if known) _____
	Name _____	
4.3	<b>Cox Communications Inc</b> <b>Attn. David Blau</b> <b>1400 Lake Hearn Dr.</b> <b>Atlanta, GA 30319</b>	Line <b>3.17</b>  <input type="checkbox"/> Not listed. Explain _____
4.4	<b>Jennifer E. Hoekel Esq.</b> <b>Armstrong Teasdale LLP</b> <b>7700 Forsyth Blvd.</b> <b>Suite 1800</b> <b>Saint Louis, MO 63105</b>	Line <b>3.16</b>  <input type="checkbox"/> Not listed. Explain _____
4.5	<b>Richard G. Campbell Jr.</b> <b>Downey Brand LLP</b> <b>100 W. Liberty St.</b> <b>Suite 900</b> <b>Reno, NV 89501</b>	Line <b>3.16</b>  <input type="checkbox"/> Not listed. Explain _____
4.6	<b>Schneider Downs &amp; Co. Inc.</b> <b>41 South High Street</b> <b>Suite 2100</b> <b>Columbus, OH 43215</b>	Line <b>3.60</b>  <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>0.00</b>
5b. +	\$ <b>21,645,807.22</b>
5c.	\$ <b>21,645,807.22</b>

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1.	State what the contract or lease is for and the nature of the debtor's interest	<b>Lease from 545 Metro Place LLC to the Debtor of commercial office space at 545 Metro Place 4th Floor Dublin OH 43017 until 12/31/22</b>	<b>545 Metro Place LLC C/O Andrew Farbman The Farbman Group 28400 Northwestern Highway 4th Floor Southfield, MI 48034</b>
	State the term remaining		
	List the contract number of any government contract		
2.2.	State what the contract or lease is for and the nature of the debtor's interest	<b>Counsel for 545 Metro Place LLC included for notice purposes</b>	<b>545 Metro Place LLC C/O Melissa A. Izenson Esq. Luper Neidenthal &amp; Logan 50 West Broad Street Suite 1200 Columbus, OH 43215</b>
	State the term remaining		
	List the contract number of any government contract		
2.3.	State what the contract or lease is for and the nature of the debtor's interest	<b>HealthSpot Station Agreement</b>	<b>Aetna Life Insurance Company 151 Farmington Ave. Hartford, CT 06156</b>
	State the term remaining	<b>Until 6/4/17</b>	
	List the contract number of any government contract		
2.4.	State what the contract or lease is for and the nature of the debtor's interest	<b>Electronic and Print Copyright Use Agreement</b>	<b>American Heart Association 7272 Greenville Ave. Dallas, TX 75231</b>
	State the term remaining	<b>until 8/26/16</b>	
	List the contract number of any government contract		

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Healthcare Staffing Agreement**

State the term remaining **Until 4/13/16**

List the contract number of any government contract

**AMN HealthCare Inc.  
President Travel Nursing  
12400 High Bluff Drive  
Suite 100  
San Diego, CA 92130**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Leases from Aramark to the Debtor of an ice maker, coolers, coffee machines and other kitchen items until 10/20/18**

State the term remaining

List the contract number of any government contract

**Aramark Refreshment Services  
32985 Industrial Rd.  
Livonia, MI 48150**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Master Custom Services Agreement**

State the term remaining **April 2018**

List the contract number of any government contract

**Arrow Electronics Inc.  
OEM Computing Solutions Group  
7459 S. Lima Street  
Englewood, CO 80112**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Interim Mainetnance Services Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Arrow Electronics Inc. NPI  
13469 Collections Center Dr.  
Chicago, IL 60693**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement**

State the term remaining **Until 4/7/17**

List the contract number of any government contract

**AT&T  
PO Box 5080  
Carol Stream, IL 60197-5080**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Software Services Agreement**

State the term remaining **Unkown**

**BMC Software Inc.  
2101 CityWest Boulevard  
Houston, TX 77042**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.1 State what the contract or  
1. lease is for and the nature of the debtor's interest **Director Indemnification Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Brent Stutz  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017**

2.1 State what the contract or  
2. lease is for and the nature of the debtor's interest **Consulting Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**BTRx Initiatives LLC  
307 Edwards Ferry Rd.  
Leesburg, VA 20176**

2.1 State what the contract or  
3. lease is for and the nature of the debtor's interest **Lease from Cannon Financial Services to the Debtor of two copiers**

State the term remaining **until 8/29/18**

List the contract number of any government contract

**Canon Financial Services Inc.  
14904 Collections Center Dr.  
Chicago, IL 60693-0149**

2.1 State what the contract or  
4. lease is for and the nature of the debtor's interest **Marketing Services Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Cardinal Health 110 Inc.  
& Cardinal Health 411 Inc.  
7000 Cardinal Place  
Dublin, OH 43017**

2.1 State what the contract or  
5. lease is for and the nature of the debtor's interest **Letter Agreement**

State the term remaining **until 12/30/16**

List the contract number of any government contract

**Caster Communications  
155 Main Street  
Wakefield, RI 02879**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.1 State what the contract or  
6. lease is for and the nature  
of the debtor's interest **General Terms and  
Conditions Agreement**

State the term remaining **Unknown**

List the contract number of  
any government contract

**Cerdent Inc.  
5747 Perimeter Dr.  
Suite 110  
Dublin, OH 43017**

- 2.1 State what the contract or  
7. lease is for and the nature  
of the debtor's interest **Consent to Register  
Agreement**

State the term remaining **Unknown**

List the contract number of  
any government contract

**Children's Healthcare of Atlanta Inc.  
1600 Tuller Circle NE  
Atlanta, GA 30329**

- 2.1 State what the contract or  
8. lease is for and the nature  
of the debtor's interest **Director  
Indemnification  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**Christi Pedra  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017**

- 2.1 State what the contract or  
9. lease is for and the nature  
of the debtor's interest **Economic  
Development  
Agreement**

State the term remaining **Until March 2016**

List the contract number of  
any government contract

**City of Dublin  
5200 Emerald Parkway  
Dublin, OH 43017**

- 2.2 State what the contract or  
0. lease is for and the nature  
of the debtor's interest **Provider Services  
Agreement**

State the term remaining **Until 5/19/16**

List the contract number of  
any government contract

**Cleveland Clinic  
Attn. Chief Financial Officer  
9500 Euclid Ave. NA4  
Cleveland, OH 44195**

- 2.2 State what the contract or  
1. lease is for and the nature  
of the debtor's interest **Care4Stations Facilities  
Agreement**

State the term remaining **Until 8/15/16**

List the contract number of

**Cleveland Clinic Foundation  
Attn. Chief Financial Officer  
9500 Euclid Ave. NA4  
Cleveland, OH 44195**



Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

2.2 State what the contract or  
2. lease is for and the nature  
of the debtor's interest

**Supply Agreement**

State the term remaining **Until 11/15/16**

List the contract number of  
any government contract

**Commercial Vehicle Group Inc.  
7800 Walton Parkway  
New Albany, OH 43054**

2.2 State what the contract or  
3. lease is for and the nature  
of the debtor's interest

**Master Services  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**Continential Broadband  
of Pennsylvania LLC  
5000 Arlington Centre Blvd.  
Columbus, OH 43220**

2.2 State what the contract or  
4. lease is for and the nature  
of the debtor's interest

**Lease from Dell  
Financial Services to  
the Debtor of Computer  
hardware and software  
and related products**

State the term remaining **Identified as Lease Nol  
001-008946673-001  
until 8/26/16**

List the contract number of  
any government contract

**Dell Financial Services  
Attn. Charles Simpson Bankruptcy Manager  
One Dell Way RR3-62  
Round Rock, TX 78682**

2.2 State what the contract or  
5. lease is for and the nature  
of the debtor's interest

**Lease from Dell  
Financial Services to  
the Debtor of  
healthSpot Units**

State the term remaining **Identified as Master  
Lease Schedule No.  
001-6689814-001  
Until 10/1/16**

List the contract number of  
any government contract

**Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292**

Debtor 1 **HealthSpot Inc.**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.2 State what the contract or  
6. lease is for and the nature  
of the debtor's interest

**Lease from Dell  
Financial Services to  
the Debtor of  
HealthSpot Units**

**Identified as Master  
Lease Agreement  
Schedule No.  
001-6689814-501  
Until 11/1/16**

State the term remaining

List the contract number of  
any government contract

**Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292**

- 2.2 State what the contract or  
7. lease is for and the nature  
of the debtor's interest

**Lease from Dell  
Financial Services to  
the Debtor of  
HealthSpot Units**

**Identified as Master  
Lease Agreement  
Schedule No.  
001-6689814-502  
Until 11/1/16**

State the term remaining

List the contract number of  
any government contract

**Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292**

- 2.2 State what the contract or  
8. lease is for and the nature  
of the debtor's interest

**Lease from Dell  
Financial Services to  
the Debtor of NFS  
Leasing equipment**

**Identified as Master  
Lease Agreement  
Schedule No.  
900-6689814-503**

State the term remaining

List the contract number of  
any government contract

**Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292**

- 2.2 State what the contract or  
9. lease is for and the nature  
of the debtor's interest

**Lease from Dello  
Financial Services to  
the Debtor of Computer  
hardware and software  
and related equipment**

**Identified as Lease No.  
001-008946673-005  
until 8/26/16**

State the term remaining

List the contract number of  
any government contract

**Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3 State what the contract or lease is for and the nature of the debtor's interest **Additonal notice address for Dell Financial Services Inc.**

State the term remaining

List the contract number of any government contract

**Dell Financial Services LLC  
Legal Department  
1 Dell Way  
Round Rock, TX 78682**

2.3 State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining

List the contract number of any government contract

**2/20/16**

**Diversified Assemliies Inc.  
PO Box 5039  
41 East Tucker Ave.  
Shelby, OH 44875**

2.3 State what the contract or lease is for and the nature of the debtor's interest **Notice party for Agreement between the Debtor and Kaiser Foundatoin Health Plan Inc.**

State the term remaining

List the contract number of any government contract

**Dustin Helvey  
Kaiser Permanente  
10992 San Diego Mission Rd.  
San Diego, CA 92128**

2.3 State what the contract or lease is for and the nature of the debtor's interest **Order Form Agreement**

State the term remaining

List the contract number of any government contract

**until 6/30/16**

**Dynamic Network Services Inc.  
Attn. Legal Department  
150 Dow Street  
Manchester, NH 03101**

2.3 State what the contract or lease is for and the nature of the debtor's interest **License and Service Agreement**

State the term remaining

List the contract number of any government contract

**Until terminated**

**E-Ceptionist Inc.  
820 Gessner  
Suite 230  
Houston, TX 77024**

2.3 State what the contract or lease is for and the nature of the debtor's interest **HealthSpot Station Agreement**

**Edwards Lifesciences  
One Edwards Way  
Irvine, CA 92612**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Until 7/1/16**

List the contract number of any government contract

2.3 State what the contract or  
6. lease is for and the nature of the debtor's interest **HaelthSpot Station Agreement**

State the term remaining **Until 10/30/16**

List the contract number of any government contract

**Eli Lilly & Company  
Attn. Mike Luker  
Senior Advisor Clinical Innovation  
Lilly Corporate Center  
Indianapolis, IN 46285**

2.3 State what the contract or  
7. lease is for and the nature of the debtor's interest **Consulting Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Flippin Water LLC  
C/O Statutory Agent  
Thomas E., Moloney  
1105 Schrock Rd. Suite 602  
Columbus, OH 43229**

2.3 State what the contract or  
8. lease is for and the nature of the debtor's interest **Enterprise Order Form Agreement**

State the term remaining **until 1/5/16**

List the contract number of any government contract

**Google Inc.  
Attn. Gregory Lloyd  
1600 Amphitheatre Parkway  
Mountain View, CA 94043**

2.3 State what the contract or  
9. lease is for and the nature of the debtor's interest **Coexistence Agreement**

State the term remaining **until terminated**

List the contract number of any government contract

**Health Spot LLC  
10972 East US Highway 36  
Avon, IN 46123**

2.4 State what the contract or  
0. lease is for and the nature of the debtor's interest **Additional notice for Health Spot LLC**

State the term remaining

List the contract number of any government contract

**Health Spot LLC  
C/O Matthew R. Schantz Esq.  
Frost Brown Todd  
PO Box 44961  
Indianapolis, IN 46244-0961**

Debtor 1 **HealthSpot Inc.**

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4 State what the contract or  
1. lease is for and the nature  
of the debtor's interest **Professional Services  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**HMB Information System Developers  
570 Polaris Parkway  
Suite 125  
Westerville, OH 43082**

2.4 State what the contract or  
2. lease is for and the nature  
of the debtor's interest **Director  
Indemnification  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**Hugh Cathey  
7828 Scioto Crossing Blvd.  
Dublin, OH 43016**

2.4 State what the contract or  
3. lease is for and the nature  
of the debtor's interest **Humantime Technology  
Agreement**

State the term remaining **until terminated**

List the contract number of  
any government contract

**HumaCare  
9501 Union Cemetery Road  
Loveland, OH 45140**

2.4 State what the contract or  
4. lease is for and the nature  
of the debtor's interest **Services Agreement**

State the term remaining **until 6/21/16**

List the contract number of  
any government contract

**ICAT Logistics Inc.  
6805 Douglas Legun Drive  
Elkridge, MD 20175**

2.4 State what the contract or  
5. lease is for and the nature  
of the debtor's interest **Managed Services  
Group Master  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**Information Control Corporation  
2500 Corporate Exchange Dr.  
Suite 310  
Columbus, OH 43231**

2.4 State what the contract or  
6. lease is for and the nature  
of the debtor's interest **HealthSpot Station  
Agreement**

State the term remaining **Unkown**

List the contract number of

**John Carroll University  
Attn. Jan Krevh  
1 John Carroll Blvd.  
Cleveland, OH 44118**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

2.4 State what the contract or  
7. lease is for and the nature  
of the debtor's interest **Director  
Indemnification  
Agreement**

State the term remaining **Until terminated**

List the contract number of  
any government contract

**Joshua T. Gaines  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017**

2.4 State what the contract or  
8. lease is for and the nature  
of the debtor's interest **healthSpot Station  
Agreement**

State the term remaining **Until mid 2016**

List the contract number of  
any government contract

**Kaiser Foundation Health Plan Inc.  
One Kaiser Plaza  
Oakland, CA 94612**

2.4 State what the contract or  
9. lease is for and the nature  
of the debtor's interest **Provider Services  
Agreement**

State the term remaining **until 5/13/16**

List the contract number of  
any government contract

**Kettering Health Network  
3535 Southern Blvd.  
Dayton, OH 45429**

2.5 State what the contract or  
0. lease is for and the nature  
of the debtor's interest **Additional notice  
address for Kettering  
Health Network**

State the term remaining

List the contract number of  
any government contract

**Kettering Health Network  
Attn. Beverly Knapp  
10050 Innovation Drive  
Suite 240  
Miamisburg, OH 45342**

2.5 State what the contract or  
1. lease is for and the nature  
of the debtor's interest **Consulting Agreement**

State the term remaining **Until 9/1/16**

List the contract number of  
any government contract

**Make It Pretty Inc.  
10158 Windsor Way  
Powell, OH 43065**

2.5 State what the contract or  
2. lease is for and the nature  
of the debtor's interest **HealthSpot Station  
Agreement**

**Marc Glassman Inc.  
Attn. Melemie Petropoulos  
5841 West 130th Street  
Cleveland, OH 44130**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining **Unknown**

List the contract number of any government contract

2.5 State what the contract or  
3. lease is for and the nature of the debtor's interest

**Independent Contractor Agreement to assist with filing of Debtor's bankruptcy case**

State the term remaining **Until 1/16/16**

List the contract number of any government contract

**Mark DeCastro  
6182 Parkmeadow Lane  
Hilliard, OH 43026**

2.5 State what the contract or  
4. lease is for and the nature of the debtor's interest

**Employment Agreement**

State the term remaining **Until 2/28/16**

List the contract number of any government contract

**Mark DeCastro  
6182 Parkmeadow Lane  
Hilliard, OH 43026**

2.5 State what the contract or  
5. lease is for and the nature of the debtor's interest

**Independent Contractor Agreement to assist with bankruptcy case of the Debtor**

State the term remaining **Until 1/30/16**

List the contract number of any government contract

**Mary King  
3849 Coral Creek Ct.  
Powell, OH 43065**

2.5 State what the contract or  
6. lease is for and the nature of the debtor's interest

**Additonal notice adress for Mayo Clinic**

State the term remaining

List the contract number of any government contract

**Mayo Clinic  
Albert Lea - Austin  
Attn. Scott Ramsey  
700 West Prairie Street  
Belle Plaine, MN 56011**

2.5 State what the contract or  
7. lease is for and the nature of the debtor's interest

**HealthSpot Station Master Agreement**

State the term remaining **Until 9/1/17**

List the contract number of any government contract

**Mayo Foundation For Medical Education & Research  
200 West First Street SW  
Rochester, MN 55905**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5 State what the contract or lease is for and the nature of the debtor's interest **Evaluation Agreement for Equipment**

State the term remaining **Unkonwn**

List the contract number of any government contract

**Mayo Foundation For Medical Education & Research  
200 West First Street SW  
Rochester, MN 55905**

2.5 State what the contract or lease is for and the nature of the debtor's interest **HealthSpot Station Lease**

State the term remaining **Unkown**

List the contract number of any government contract

**Mayo Foundation For Medical Education & Research  
200 West First Street SW  
Rochester, MN 55905**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Installation Agreement**

State the term remaining **Unkown**

List the contract number of any government contract

**Mayo Foundation For Medical Education & Research  
Attn. Scott Ramsey  
Rochester, MN 55905**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Master Service Agreement**

State the term remaining **until terminated**

List the contract number of any government contract

**MDC Health Co-op  
175 Varick Street  
9th Floor  
New York, NY 10014**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Term Sheet**

State the term remaining **unknown**

List the contract number of any government contract

**Medventures/Cloud MD  
Attn. Shaz Khan  
15 Allstate Parkway  
Markham ON L3R 5B4**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement to assist with the filing of the Debtor's bankruptcy case**

State the term remaining **Until 1/16/16**

**Michele Kothe  
2271 Severhill Drive  
Dublin, OH 43016**



Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.6 State what the contract or lease is for and the nature of the debtor's interest **Open Value Agreement**

State the term remaining **Unkown**

List the contract number of any government contract

**Microsoft Corporation  
Dept. 551 Volume Licensing  
6100 Neil Rd. Suite 210  
Reno, NV 89511-1137**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Embedded License Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Microsoft Licensing GP  
Attn. OEM Contracts  
6100 Neil Rd. Suite 210  
Reno, NV 89511-1137**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Director Indemnification Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Nadine Finnerty  
Cox Communications Inc.  
1400 Lake Hearn Dr. NE  
Atlanta, GA 30319**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Netserve 365 LLC  
1000 Cliff Mine Rd.  
Park West One Suite 250  
Pittsburgh, PA 15275**

2.6 State what the contract or lease is for and the nature of the debtor's interest **Independent Associate Agreement**

State the term remaining **Until May 14. 2016**

List the contract number of any government contract

**NewCrop LLC  
1800 Bering Drive  
Houston, TX 77057**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6 State what the contract or lease is for and the nature of the debtor's interest **Notice party for Dell Financial Services**

State the term remaining

List the contract number of any government contract

**NFS Leasing Inc.  
900 Cummings Center Sutie 309-V  
Attn Customer Service  
Beverly, MA 01915**

2.7 State what the contract or lease is for and the nature of the debtor's interest **Agreement and Statment of Work**

State the term remaining **Unknown**

List the contract number of any government contract

**Nottingham Spirk Design  
Attn. John Spirk  
2200 Overlook Rd.  
Cleveland, OH 44106**

2.7 State what the contract or lease is for and the nature of the debtor's interest **Workforce Training Voucher Agreement**

State the term remaining **Until 12/31/16**

List the contract number of any government contract

**Ohio Development Services Agency  
Attn. Loan Servicing Office  
77 South High Street 28th Floor  
Columbus, OH 43215**

2.7 State what the contract or lease is for and the nature of the debtor's interest **Tax Credit Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Ohio Development Services Agency  
Tax Credit Authority  
Attn. Executive Director  
77 South High Street 28th Floor  
Columbus, OH 43215-6130**

2.7 State what the contract or lease is for and the nature of the debtor's interest **License and Services Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Oracle America Inc.  
500 Oracle Parkway  
Redwood City, CA 94065**

2.7 State what the contract or lease is for and the nature of the debtor's interest **Partnerwork Agreement**

State the term remaining **Until 9/22/16**

List the contract number of

**Oracle America Inc.  
500 Oracle Parkway  
Redwood City, CA 94065**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

2.7 State what the contract or  
5. lease is for and the nature  
of the debtor's interest

**Investment License  
Agreement**

State the term remaining

**Until 1/27/16**

List the contract number of  
any government contract

**Paramount Financial Communications Inc.  
dba Plan Managment Corp.  
44 West Lancaster Ave.  
Ardmore, PA 19003**

2.7 State what the contract or  
6. lease is for and the nature  
of the debtor's interest

**Non-Circumvention  
Agreement**

State the term remaining

**Unkown**

List the contract number of  
any government contract

**PH Group Ltd.  
21 Laffan Street  
Hamilton Bermuda HM 09**

2.7 State what the contract or  
7. lease is for and the nature  
of the debtor's interest

**Proposal**

State the term remaining

**Unknown**

List the contract number of  
any government contract

**Product Safey Consulting Inc.  
605 Country Club Dr.  
Suites I & J  
Bensenville, IL 60106**

2.7 State what the contract or  
8. lease is for and the nature  
of the debtor's interest

**healthSpot Station  
Master Agreement**

State the term remaining

**until 9/24/16**

List the contract number of  
any government contract

**Promedica Physicians  
& Continuum Services  
Attn. Paul Muneio  
5855 Monroe Street  
Sylvania, OH 43560**

2.7 State what the contract or  
9. lease is for and the nature  
of the debtor's interest

**License Agreement**

State the term remaining

**until terminated**

List the contract number of  
any government contract

**PSC Managment Limited Partnership  
Attn. Facility Manager  
2300 West Plano Parkway  
Plano, TX 75705**

2.8 State what the contract or  
0. lease is for and the nature  
of the debtor's interest

**Additonal noitce  
address for PSC  
Management Limited  
Partnership**

**PSC Managment Limited Partnership  
C/O Dell Inc.  
Attn. Legal Department Am. Real Estate  
One Dell Way**

**Round Rock, TX 78682**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.8 State what the contract or lease is for and the nature of the debtor's interest

**Lease from Right Way Supply Chain Solutions LLC to the Debtor of warehouse space at 776 Morrison Rd. Gahanna OH until 3/16/17**

State the term remaining

List the contract number of any government contract

**Right Way Supply Chain Solutions LLC  
11410 Mathis Road  
Farmers Branch, TX 75234**

2.8 State what the contract or lease is for and the nature of the debtor's interest

**JNH Logistics is the property manager for Right Way Supply Chain Solutions LLC**

State the term remaining

List the contract number of any government contract

**Right Way Supply Chain Solutions LLC  
C/O JNH Logistics  
770 Morrison Rd.  
Columbus, OH 43230**

2.8 State what the contract or lease is for and the nature of the debtor's interest

**HealthSpot Station Master Agreement**

State the term remaining

**Until 10/2/17**

List the contract number of any government contract

**Rite Aid Corporation  
Attn. Accounts Receivable  
PO Box 3165  
Harrisburg, PA 17105**

2.8 State what the contract or lease is for and the nature of the debtor's interest

**Additional notice address for Rite Aid Corporation**

State the term remaining

List the contract number of any government contract

**Rite Aid Corporation  
30 Hunter Lane  
Camp Hill, PA 17011**

2.8 State what the contract or lease is for and the nature of the debtor's interest

**License Agreement**

State the term remaining

**until terminated**

List the contract number of any government contract

**RNK Products Inc.  
8247 Devereux Drive  
Suite 101  
Viera, FL 32940**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.8 State what the contract or lease is for and the nature of the debtor's interest **Quality Agreement**

State the term remaining **until terminated**

List the contract number of any government contract

**RNK Products Inc.  
8247 Devereux Drive  
Suite 101  
Viera, FL 32940**

2.8 State what the contract or lease is for and the nature of the debtor's interest **Travel Advance Agreement**

State the term remaining **until terminated**

List the contract number of any government contract

**Ryan Rimmel  
211 Eddy St.  
Newark, OH 43055**

2.8 State what the contract or lease is for and the nature of the debtor's interest **Statement of Work and Professional Terms and Conditions**

State the term remaining **Unknown**

List the contract number of any government contract

**Silo Connectors LLC  
PO Box 94749  
Cleveland, OH 44101-4749**

2.8 State what the contract or lease is for and the nature of the debtor's interest **Additional party to the Agreement between the Debtor and Kaiser Foundation Health Plan Inc.**

State the term remaining

List the contract number of any government contract

**Southern California Permanente Medical Group  
One Kaiser Plaza  
Oakland, CA 94612**

2.9 State what the contract or lease is for and the nature of the debtor's interest **Director Indemnification Agreement**

State the term remaining **Until terminated**

List the contract number of any government contract

**Stacy Butterfield  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017**

2.9 State what the contract or lease is for and the nature of the debtor's interest **Director Indemnification Agreement**

State the term remaining **Until terminated**

**Steve Cashman  
10158 Windsor Way  
Powell, OH 43065**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.9 State what the contract or  
2. lease is for and the nature of the debtor's interest  
  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Independent Contractor Agreement to assist with the bankruptcy case of the Debtor**  
**As necessary to assist with bankruptcy case**

**Steve Cashman**  
**10158 Windsor Way**  
**Powell, OH 43065**

2.9 State what the contract or  
3. lease is for and the nature of the debtor's interest  
  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Client Services Agreement**

**Until 3/3/18**

**TCSP Inc.**  
**dba Trust Commerce**  
**9850 Irvine Center Dr.**  
**Irvine, CA 92618**

2.9 State what the contract or  
4. lease is for and the nature of the debtor's interest  
  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Affiliation Agreement**

**Until 7/30/16**

**Teladoc Inc.**  
**Attn. Daniel Trencher Senior VP**  
**Business Development**  
**One Sound Shore Dr. Suite 300**  
**Greenwich, CT 06830**

2.9 State what the contract or  
5. lease is for and the nature of the debtor's interest  
  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Additional notice address for Teladoc Inc.**

**Teladoc Inc.**  
**Attn. General Counsel**  
**One Sound Shore Dr. Suite 300**  
**Greenwich, CT 06830**

2.9 State what the contract or  
6. lease is for and the nature of the debtor's interest  
  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Channel Agreement**

**Unkown**

**Teladoc Inc.**  
**Attn. Daniel Trencher Senior VP**  
**Business Development**  
**One Sound Shore Dr. Suite 300**  
**Greenwich, CT 06830**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9 State what the contract or **Short Term Lease**  
7. lease is for and the nature **Agreement**  
of the debtor's interest

State the term remaining **Unknown**

List the contract number of  
any government contract

**Teladoc Inc.**  
**Attn. Daniel Trencher Senior VP**  
**Business Development**  
**One Sound Shore Dr. Suite 300**  
**Greenwich, CT 06830**

2.9 State what the contract or **Professional Services**  
8. lease is for and the nature **Agreement**  
of the debtor's interest

State the term remaining **Unknown**

List the contract number of  
any government contract

**The Junto Company**  
**691 North High Street**  
**Suite 306**  
**Columbus, OH 43215**

2.9 State what the contract or **Letter Agreement**  
9. lease is for and the nature  
of the debtor's interest

State the term remaining **until 8/19/16**

List the contract number of  
any government contract

**The MetroHealth System**  
**2500 MetroHealth Dr.**  
**Cleveland, OH 44109**

2.1 State what the contract or **Westlaw Research**  
00. lease is for and the nature **Subscriber Agreement**  
of the debtor's interest

State the term remaining **until 5/5/16**

List the contract number of  
any government contract

**Thompson Reuters**  
**PO Box 64833**  
**610 Opperman Dr.**  
**Saint Paul, MN 55164-1803**

2.1 State what the contract or **Services Agreement**  
01. lease is for and the nature  
of the debtor's interest

State the term remaining **until terminated**

List the contract number of  
any government contract

**Time Warner Cable**  
**1015 Olentangy River Rd.**  
**Columbus, OH 43212**

2.1 State what the contract or **Additional notice**  
02. lease is for and the nature **address for Time**  
of the debtor's interest **Warner Cable**

State the term remaining

List the contract number of

**Time Warner Cable Enterprises LLC**  
**Attn. General Counsel**  
**60 Columbus Circle**  
**New York, NY 10023**

Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

2.1 State what the contract or  
03. lease is for and the nature  
of the debtor's interest

**Independent  
Contractor Agreement  
at assist with the filing  
of the Debtor's  
bankruptcy case  
Until 1/16/16**

State the term remaining

List the contract number of  
any government contract

**Tracy McCurry  
7707 Peck Ct.  
Lewis Center, OH 43035**

2.1 State what the contract or  
04. lease is for and the nature  
of the debtor's interest

**Independent Sales  
Representation  
Agreement**

State the term remaining

**until terminated**

List the contract number of  
any government contract

**Tri-State Outreach  
50 North 4th Street  
Zanesville, OH 43701**

2.1 State what the contract or  
05. lease is for and the nature  
of the debtor's interest

**Additional notice  
address for University  
Hospital Health  
Systems Inc.**

State the term remaining

List the contract number of  
any government contract

**University Hospitals Case Medical Center  
Attn. President  
11100 Euclid Ave.  
Cleveland, OH 44106**

2.1 State what the contract or  
06. lease is for and the nature  
of the debtor's interest

**Provider Services  
Agreement**

State the term remaining

**Until 5/19/16**

List the contract number of  
any government contract

**University Hospitals Health Systems Inc.  
3605 Warrensville Center Dr.  
Attn. Chief Legal Officer  
Beachwood, OH 44122**

2.1 State what the contract or  
07. lease is for and the nature  
of the debtor's interest

**License and Services  
Agreement**

State the term remaining

**Unknown**

List the contract number of  
any government contract

**University Hospitals Health Systems Inc.  
3605 Warrensville Center Dr.  
Attn. Chief Legal Officer  
Beachwood, OH 44122**



Debtor 1 **HealthSpot Inc.**

First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest **HealthSpot Station Agreement**

State the term remaining **Until 3/4/16**

List the contract number of any government contract

**Variety Children's Hospital  
dba Miami Children's Hospital  
3100 West 62nd Ave.  
Miami, FL 33155**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Service Provider Sales Agreement and Amended and Restated Service Provider Agreement**

State the term remaining **Until 5/23/16**

List the contract number of any government contract

**Vidyo Inc.  
PO Box 360642  
Pittsburgh, PA 15251**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Additional notice address for Vidyo Inc.**

State the term remaining

List the contract number of any government contract

**Vidyo Inc.  
433 Hackensack Ave.  
7th Floor  
Hackensack, NJ 07601**

2.1 State what the contract or lease is for and the nature of the debtor's interest **HealthSpot Station Lease and Installation Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Wal Mart Stores Inc.  
Attn. Tim Johnson  
702 SW 8th Street  
Bentonville, AR 72712**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Lease from Wells Fargo Equipment Finance to the Debtor of a forklift**

State the term remaining **until 9/1/16**

List the contract number of any government contract

**Wells Fargo Equipment Finance  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069**

Debtor 1 **HealthSpot Inc.**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.1 State what the contract or  
13. lease is for and the nature  
of the debtor's interest

**Agreement for data  
services, cloud  
services and other  
business services to be  
provided by Xerox  
Consulting Company  
Inc. to the Debtor  
until termination**

State the term remaining

List the contract number of  
any government contract

**Xerox Consulting Company Inc.  
C/O Xerox Business Services  
2828 N. Haskell Ave. Bldg. 1 9th Floor  
Attn. Group Counsel For Comm. Solutions  
Dallas, TX 75204**

- 2.1 State what the contract or  
14. lease is for and the nature  
of the debtor's interest

**Master Service  
Agreement**

State the term remaining

**until terminated**

List the contract number of  
any government contract

**Yamamoto  
219 2nd Street North  
Minneapolis, MN 55401**

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206H**  
**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name HealthSpot Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date**

☒ Operating a business  
☐ Other \_\_\_\_\_

\$0.00

**For prior year:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☐ Other \_\_\_\_\_

\$600,000.00

**For year before that:**  
From 1/01/2014 to 12/31/2014

☒ Operating a business  
☐ Other \_\_\_\_\_

\$223,489.00

**For the fiscal year:**  
From 1/01/2013 to 12/31/2013

☒ Operating a business  
☐ Other \_\_\_\_\_

\$151,274.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **HealthSpot Inc.**

Case number (if known)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>NFS Leasing</b> <b>900 Cummings Center</b> <b>Suite 226-U</b> <b>Beverly, MA 01915</b>	<b>10/20/15</b> <b>\$60,231.78</b> <b>11/2/15 \$</b> <b>9114.09</b> <b>12/1/15 \$</b> <b>9114.09</b>	<b>\$78,459.96</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Payments on lease of personal property</u></b>
3.2. <b>Executive Travel Planners Inc.</b> <b>6260 S. Sunbury Rd.</b> <b>Suite 4</b> <b>Westerville, OH 43081</b>	<b>10/20/15</b> <b>\$33,812.11</b> <b>11/18/15</b> <b>\$29,107.90</b> <b>1/8/16 \$</b> <b>6,000.00</b>	<b>\$68,920.01</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>
3.3. <b>Vidyo</b> <b>PO Box 360642</b> <b>Pittsburgh, PA 15251</b>	<b>11/4/15</b> <b>\$27,000.00</b>	<b>\$27,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>
3.4. <b>Yamamoto</b> <b>88178 Expedite Way</b> <b>Chicago, IL 60695-0001</b>	<b>10/21/15</b> <b>\$11,522.00</b> <b>10/23/15</b> <b>\$68,292.00</b> <b>11/9/15</b> <b>\$24,379.00</b>	<b>\$104,193.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>
3.5. <b>Robert Half International</b> <b>12400 Collections Center Drive</b> <b>Chicago, IL 60693</b>	<b>11/4/15</b> <b>\$14,235.03</b>	<b>\$14,235.03</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>
3.6. <b>Robert Half Technology</b> <b>PO Box 743295</b> <b>Los Angeles, CA 90074-3295</b>	<b>10/20/15</b> <b>\$16,538.00</b> <b>11/4/15</b> <b>\$10,000.00</b>	<b>\$26,538.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>
3.7. <b>Early Security Services</b>	<b>11/9/15</b> <b>\$8740.00</b>	<b>\$8,740.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Services</u></b>

Debtor HealthSpot Inc.

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Fay Sharpe LLP</b> <b>Attn. Brian Turung Esq.</b> <b>The Halle Building 5th Floor</b> <b>Cleveland, OH 44115</b>	<b>11/9/15</b> <b>\$50,000.00</b>	<b>\$50,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Professional services</b></u>
3.9. <b>JNH Logistics</b>	<b>11/4/15</b> <b>\$10,825.50</b> <b>12/1/15</b> <b>\$10,643.10</b>	<b>\$21,468.10</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Payments on lease of commercial real property - JNH Logistics is the property manager for Right Way Supply Chain Solutions LLC</b></u>
3.10 <b>Make It Pretty Inc.</b> <b>10158 Windsor Way</b> <b>Powell, OH 43065</b>	<b>11/6/15</b> <b>\$11,250.00</b>	<b>\$11,250.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Payment per consulting agreement</b></u>
3.11 <b>Philadelphia Insurance Compaines</b> <b>One Bala Plaza</b> <b>Suite 100</b> <b>Bala Cynwyd, PA 19004</b>	<b>11/5/15 \$</b> <b>14,703.00</b>	<b>\$14,703.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance premium</b></u>
3.12 <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b>	<b>11/5/15</b> <b>\$48,565.81</b>	<b>\$48,565.81</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Payment of lease of personal property</b></u>
3.13 <b>Ohio Development Services Agency</b> <b>Attn. Loan Servicing Office</b> <b>77 South High Street 28th Floor</b> <b>Columbus, OH 43215</b>	<b>10/15/15</b> <b>\$10,000.00</b> <b>11/12/15</b> <b>\$10,000.00</b> <b>12/10/15</b> <b>\$30,951.80</b>	<b>\$50,951.80</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.14 <b>545 Metro Place LLC</b> <b>C/O Andrew Farbman</b> <b>The Farbman Group</b> <b>28400 Northwestern Highway 4th Floor</b> <b>Southfield, MI 48034</b>	<b>11/4/15</b> <b>\$22,205.45</b> <b>12/1/15</b> <b>\$22,595.22</b>	<b>\$44,800.67</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Payments of lease of commercial real property</b></u>

Debtor **HealthSpot Inc.**

Case number (if known)

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.15 <b>Arrow Electronics Inc.</b> 13469 Collections Center Dr. Chicago, IL 60693	10/19/15 \$6768.25	\$6,768.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Services</u>
3.16 <b>Information Control Corporation</b> 2500 Corporate Exchange Dr. Suite 310 Columbus, OH 43231	10/20/15 \$10,400.00	\$10,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Services</u>
3.17 <b>Xerox Consulting Company Inc.</b> 5225 Auto Club Drive Dearborn, MI 48126	10/30/15 \$77,081.85	\$77,081.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Services</u>
3.18 <b>Dickinson Wright PLLC</b> Attn. Alex Brown Esq. 150 East Gay Street 24th Floor Columbus, OH 43215	11/10/15 \$18,901.10	\$18,901.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>P:rofessional</u>
3.19 <b>Ohio Department of Taxation</b> Attn Bankruptcy Division PO Box 530 Columbus, OH 43266-0030	1/6/16 \$51,193.70	\$51,193.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Sales Tax and Use Tax</u>

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>BT HealthSpot Investments LP</b> 79 Plummer McCullough Rd. Mercer, PA 16137 Shareholder	1/14/15	\$83,912.71	<b>Note payment on principal and interest</b>
4.2. <b>KTM2 LLC</b> 6701 West 64th Street Shareholder	1/14/15	\$60,901.84	<b>Payment of principal and interest on note</b>

Debtor **HealthSpot Inc.**

Case number (if known)

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.3. McDonald HealthSpot LLC C/O McDoanald Partners LLC 959 W. St. Clair Ave. Cleveland, OH 44113 Shareholder	2/2/15	\$165,277.78	Interest paymet on note
4.4. Nottingham Spirk 2200 Overlook Road Cleveland, OH 44106 Shareholder	2/28/15 \$18,300.00; 3/12/15 \$368.00; 4/15/15 \$13,956.00; 6/8/15 \$964.00; 7/15/15 \$12,316.00; 8/6/15 \$1027.00	\$46,931.00	Payments for design work
4.5. Cardinal Health Attn. Joshua Gaines 7000 Cardinal Place Dublin, OH 43017 Shareholder	1/14/15	\$3,062,500.00	Payment of principal and interest on note
4.6. TVII Corp. 30195 Chagrin Blvd. Suite 310N Pepper Pike, OH 44124 Shareholder	6/2/15 \$120,000.00 10/20/15 \$92,000.00	\$212,000.00	Payments of principal and interest on note
4.7. Richard Benson Moose Design 608 Jackson Street Lafayette, CO 80026 Shareholder	2/27/15 \$28,787.50; 4/14/15 \$7500.00; 5/18/15 \$7500.00; 6/8/15 \$14,568.00; 7/15/15 \$8545.54; 9/21/15 \$7500.00; 10/13/15 \$9099.57	\$83,501.01	Payments for graphic design services
4.8. Raymond G. Seuffert Jr. 37218 Wexford Dr. Solon, OH 44139 Shareholder	6/2/15 \$330,000.00 6/4/15 \$1084.93	\$331,084.93	Payment of interest and principal on note

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

■ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account



Debtor **HealthSpot Inc.**

Case number (if known)

of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	HealthSpot Inc. v. Computerized Screening Inc. 14 cv 00804	Complaint for Declaratory Judgment on Intellectual Property Rights	US Dist. Ct. ND OH ED Carl B. Stokes US Courthouse 801 West Superior Ave. Cleveland, OH 44113	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Computerized Screening Inc. v. HealthSpot Inc. 14 cv 00573	Complaint for enforcement of intellectual property rights	US Dist. Ct. Distl of NV at Reno 400 S. Virginia Ave. Reno, NV 89501	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

Debtor **HealthSpot Inc.**

Case number (if known)

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.		The Debtor paid Bricker & Eckler LLP ("B&E") \$10,000 on 12/4/15 as a retainer for services related to the Debtor's negotiations for possible loan modifications and investor arrangements and for consideration of options in the event the loan modifications and/or investor arrangements were not successfully resolved. The value of the services performed for this engagement was \$7000, which was paid on 1/8/16. The remaining \$3000 of the retainer was applied to the fees for this Chapter 7 case	
Bricker & Eckler LLP 100 S. Third Street Columbus, OH 43215			\$10,000.00

Email or website address  
[www.bricker.com](http://www.bricker.com)

Who made the payment, if not debtor?

Debtor **HealthSpot Inc.**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	<b>Bricker &amp; Eckler LLP</b> <b>100 S. Third Street</b> <b>Columbus, OH 43215</b>		<b>January 11, 2016</b>	<b>\$10,000.00</b>
	Email or website address <b>www.bricker.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<b>Unknown</b>	<b>Broken iPhone</b>	<b>11/4/15</b>	<b>\$180.00</b>
	Relationship to debtor <b>Employee</b>			
13.2	<b>Braden Perkins</b> <b>3757 N. Old State Rd.</b> <b>Kilbourne, OH 43032</b>	<b>Power Connect 5524 Switch</b>	<b>11/4/15</b>	<b>\$150.00</b>
	Relationship to debtor <b>Employee</b>			
13.3	<b>Rob Paige</b> <b>3262 Sunglow Dr.</b> <b>Lewis Center, OH 43035</b>	<b>Samsung S5 phone</b>	<b>12/30/15</b>	<b>\$100.00</b>
	Relationship to debtor <b>Employee</b>			
13.4	<b>Gail Croall</b> <b>6879 Heritage Club Dr.</b> <b>Mason, OH 45040</b>	<b>iPhone i6</b>	<b>12/30/15</b>	<b>\$200.00</b>
	Relationship to debtor <b>Employee</b>			

Debtor HealthSpot Inc. Case number (if known) \_\_\_\_\_

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.5	Steve Cashman 10158 Windsor Way Powell, OH 43065	(2) iPhone i6	1/6/16	\$400.00
	Relationship to debtor Employee, Officer & Director			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	healthSpot Stations At various locations ON	Telemedicine healthcare services	Not known
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Safe deposit box at Key Bank 7460 Sawmill Rd. Columbus OH 43235	How are records kept? Check all that apply:  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **HealthSpot Inc.**

Case number (if known)

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Huntington National Bank 41 South High Street Columbus, OH 43215	XXXX-1350	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/13/16	\$100.00
18.2.	Huntington National Bank 41 South High Street Columbus, OH 43215	XXXX-1460	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/13/16	\$72.08
18.3.	Huntington National Bank 41 South High Street Columbus, OH 43215	XXXX-1473	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/13/16	\$21.86

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
Key Bank 7460 Sawmill Rd. Columbus, OH 43235	Michele Kothe 2271 Severhill Drive Dublin OH 43016  and Adam McQuade  and Adam McQuade 7460 Sawmill Rd. Columbus, OH 43235	Patient records, data backups and passwords	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **HealthSpot Inc.**

Case number (if known)

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☐ No.

☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☐ No.

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☐ No.

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **HealthSpot Inc.**

Case number (if known)

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <b>CarePass Inc. 545 Metro Place South Dublin, OH 43017</b>	<b>This business was formed on 7/20/15 and is owned by the Debtor but has not been operated by the Debtor</b>	<b>Dates business existed</b> <b>EIN: 35-2537087</b> <b>From-To 7/20/15 - present</b>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. <b>Michele Kothe 2271 Severhill Drive Dublin, OH 43016</b>	<b>During the last two years</b>
26a.2. <b>Mary King 3849 Coral Creek Ct. Powell, OH 43065</b>	<b>During the last two years</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. <b>Schneider Downs One PPG Place Suite 1700 Pittsburgh, PA 15222-5416</b>	<b>In 2015 for the year 2014</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>HealthSpot Inc. 545 Metro Place South Suite 400 Dublin, OH 43017</b>	<b>All of the Debtor's books and records are maintained at the Debtor's office or in the Debtor's safe deposit box</b>

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address
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**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor **HealthSpot Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Steve Cashman	10158 Windsor Way Powell, OH 43065	Officer, Director & Shareholder - resigned after the resolution to file bankruptcy was adopted by the board	
Joshua T. Gaines	Cardinal Health 7000 Cardinal Place Dublin, OH 43017	Director - resigned after the resolution to file bankruptcy was adopted by the board	
Hugh Cathey	7828 Scioto Crossing Blvd. Dublin, OH 43016	Officer, Director & Shareholder - resigned after the resolution to file bankruptcy was adopted by the board	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
John Spirk	7890 Bringham Rd. Gates Mills, OH 44040	Director	During 2014 & 2015
Stacy Butterfield	Cardinal Health 7000 Cardinal Place Dublin, OH 43017	Director	During 2014 & 2015
Fred Loop	1404 Monte Grande Place Pacific Palisades, CA 90272	Director	During 2014 & 2015
Boake Sells	4900 Key Tower 127 Public Square Cleveland, OH 44114	Director	During 2014 & 2015
Christi Pedra	Cardinal Health 7000 Cardinal Place Dublin, OH 43017	Director	During 2014 & 2015



Debtor **HealthSpot Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>Brent Stutz</b>	<b>Cardinal Health 7000 Cardinal Place Dublin, OH 43017</b>	<b>Director</b>	<b>During 2014 &amp; 2015</b>
Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>Nadine Finnerty</b>	<b>Cox Communications Inc. 1400 Lake Hearn Dr. Atlanta, GA 30319</b>	<b>Director</b>	<b>During 2014 &amp; 2015</b>

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Steve Cashman 10158 Windsor Way Powell, OH 43065	\$296,250.00	Periodic based upon payroll schedule of the Debtor	Wages
Relationship to debtor Officer, Director & Shareholder			
30.2 Michele Kothe	\$222,187.50	Various based upon the payroll schedule of the Debtor	Wages
Relationship to debtor Officer			
30.3 Gail Croall	\$264,519.71	Various based upon the payroll schedule of the Debtor	Wages
Relationship to debtor Officer			
30.4 Eric Eichensehr	\$214,842.29	Various based upon the payroll schedule of the Debtor	Wages
Relationship to debtor Officer			

Debtor HealthSpot Inc. Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5	<b>Bruce Roberts</b>	<b>\$198,227.22</b>	<b>Various based upon the payroll schedule of the Debtor</b>	<b>Wages</b>
	Relationship to debtor <b>Officer</b>			
30.6	<b>Eric Saff</b>	<b>\$180,682.42</b>	<b>Various based upon the payroll schedule of the Debtor</b>	<b>Wages</b>
	Relationship to debtor <b>Officer</b>			
30.7	<b>Hugh Cathey 7828 Scioto Crossing Blvd. Dublin, OH 43016</b>	<b>\$80,000.00</b>	<b>Various based upon the payroll schedule of the Debtor</b>	<b>Wages</b>
	Relationship to debtor <b>Director, Officer &amp; Shareholder</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

<b>Name of the parent corporation</b>	<b>Employer Identification number of the parent corporation</b>
---------------------------------------	---

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

<b>Name of the parent corporation</b>	<b>Employer Identification number of the parent corporation</b>
---------------------------------------	---

Debtor HealthSpot Inc.

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2016

/s/ Steve Cashman

Signature of individual signing on behalf of the debtor

Steve Cashman

Printed name

Position or relationship to debtor Board Appointed Representative

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Southern District of Ohio**

In re **HealthSpot Inc.**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |                  |
|---|----|------------------|
| For legal services, I have agreed to accept .....           | \$ | <b>13,000.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>13,000.00</b> |
| Balance Due .....   | \$ | <b>0.00</b>      |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- Representation of the debtors in any dischargeability actions or objection to discharge, avoidance of liens on personal property, judicial lien avoidances, relief from stay actions, objections to claims of exemption or other disputes regarding the retention of property, negotiations with the case trustee regarding non exempt equity in assets, section 707b actions or other disputes with the US Trustee or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 13, 2016**

*Date*

**/s/ David M. Whittaker Esq.**

**David M. Whittaker Esq. 0019307**

*Signature of Attorney*

**Bricker & Eckler LLP**

**100 South Third Street**

**Columbus, OH 43215**

**614-227-2355 Fax: 614-227-2390**

**dwhittaker@bricker.com**

*Name of law firm*

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The Farbman Group  
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151 Farmington Ave.  
Hartford, CT 06156

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321 Chestnut St.  
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Thacker Martinsek  
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American Heart Association  
7272 Greenville Ave.  
Dallas, TX 75231

AMN HealthCare Inc.  
President Travel Nursing  
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Suite 100  
San Diego, CA 92130

Aramark Refreshment Services  
32985 Industrial Rd.  
Livonia, MI 48150

Arena Solutions Inc.  
110 Marsh Rd.  
Second Floor  
San Mateo, CA 94404

Arrow Electronics Inc.  
OEM Computing Solutions Group  
7459 S. Lima Street  
Englewood, CO 80112

Arrow Electronics Inc. NPI  
13469 Collections Center Dr.  
Chicago, IL 60693

AT&T  
PO Box 5019  
Carol Stream, IL 60197-5019

AT&T  
PO Box 5080  
Carol Stream, IL 60197-5080

Atchley Signs  
1171 West Third Ave.  
Columbus, OH 43212

Barski Drake Browne PLC  
14500 N. Northsight Blvd.  
#200  
Scottsdale, AZ 85260

Bennett Jones LLP  
PO Box 130  
3400 One First Canadian Place  
Toronto M5X1A4, ON

BMC Software Inc.  
2101 CityWest Boulevard  
Houston, TX 77042

Brent Stutz  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017

BT HealthSpot Investments LP  
79 Plummer McCullough Rd.  
Mercer, PA 16137

BTRx Initiatives LLC  
307 Edwards Ferry Rd.  
Leesburg, VA 20176

Canon Financial Services Inc.  
14904 Collections Center Dr.  
Chicago, IL 60693-0149

Cardinal Health 110 Inc.  
& Cardinal Health 411 Inc.  
7000 Cardinal Place  
Dublin, OH 43017

Caster Communications  
155 Main Street  
Wakefield, RI 02879

CDW  
75 Remittance Drive  
Chicago, IL 60675-1515

Cerdant  
PO Box 25505  
Dublin, OH 43017

Cerdent Inc.  
5747 Perimeter Dr.  
Suite 110  
Dublin, OH 43017

Children's Healthcare of Atlanta Inc.  
1600 Tuller Circle NE  
Atlanta, GA 30329

Christi Pedra  
Cardinal Health  
7000 Cardinal Place  
Dublin, OH 43017

City of Dublin  
5200 Emerald Parkway  
Dublin, OH 43017

Cleveland Cline  
Attn. Chief Financial Officer  
9500 Euclid Ave. NA4  
Cleveland, OH 44195

Cleveland Clinic Foundation  
Attn. Chief Financial Officer  
9500 Euclid Ave. NA4  
Cleveland, OH 44195

Columbia Gas of Ohio Inc.  
PO Box 742510  
Cincinnati, OH 45274-2510

Commercial Vehicle Group Inc.  
7800 Walton Parkway  
New Albany, OH 43054

Computerized Screening Inc.  
9550 Gateway Dr.  
Reno, NV 89521

Connected Health Innovations Inc.  
1400 Lake Hearn Drive NE  
Atlanta, GA 30319

Continental Office Environments  
2601 Silver Dr.  
Columbus, OH 43211

Continental Broadband  
of Pennsylvania LLC  
5000 Arlington Centre Blvd.  
Columbus, OH 43220



Cox Communications Inc  
Attn. David Blau  
1400 Lake Hearn Dr.  
Atlanta, GA 30319

Creative Financial Staffing LLC  
PO Box 95111  
Chicago, IL 60694-5111

Dell Financial Services  
Attn. Charles Simpson Bankruptcy Manager  
One Dell Way RR3-62  
Round Rock, TX 78682

Dell Financial Services  
P.O. Box 5292  
Carol Stream, IL 60197-5292

Dell Financial Services LLC  
Legal Department  
1 Dell Way  
Round Rock, TX 78682

Diversified Assemblies Inc.  
PO Box 5039  
Shelby, OH 44875

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PO Box 5039  
41 East Tucker Ave.  
Shelby, OH 44875

Dunnhumby  
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Cincinnati, OH 45263-8865

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Kaiser Permanente  
10992 San Diego Mission Rd.  
San Diego, CA 92128

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Attn. Legal Department  
150 Dow Street  
Manchester, NH 03101

E-Ceptionist Inc.  
820 Gessner  
Suite 230  
Houston, TX 77024

EAG  
2130 Arlington Ave.  
Columbus, OH 43221

Edwards Lifesciences  
One Edwards Way  
Irvine, CA 92612

Eli Lilly & Company  
Attn. Mike Luker  
Senior Advisor Clinical Innovation  
Lilly Corporate Center  
Indianapolis, IN 46285

Executive Travel Planners Inc.  
6260 S. Sunbury Rd.  
Suite 4  
Westerville, OH 43081

Expedient  
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PO Box 645209  
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FedEx  
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Pittsburgh, PA 15250-7461

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C/O Statutory Agent  
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Attn. Gregory Lloyd  
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Mountain View, CA 94043

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Cleveland, OH 44193-0002

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Avon, IN 46123

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C/O Matthew R. Schantz Esq.  
Frost Brown Todd  
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Indianapolis, IN 46244-0961

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PO Box 951404  
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HumaCare  
9501 Union Cemetery Road  
Loveland, OH 45140

Humble Construction Co.  
1180 Carlisle St.  
Bellefontaine, OH 43311

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Elkridge, MD 20175

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Dublin, OH 43017

Kaiser Foundation Health Plan Inc.  
One Kaiser Plaza  
Oakland, CA 94612

Kelly Services  
PO Box 820405  
Philadelphia, PA 19182-0405

Kettering Health Network  
3535 Southern Blvd.  
Dayton, OH 45429

Kettering Health Network  
Attn. Beverly Knapp  
10050 Innovation Drive  
Suite 240  
Miamisburg, OH 45342

Keylingo Translations  
2 Ravinia Dr.  
Suite 500  
Atlanta, GA 30346

King Business Interiors  
6155 Huntley Rd.  
Suite D  
Columbus, OH 43229

KPMG Corporate Finance LLC  
Attn. William G,. Welnfofer  
Managing Director  
200 E. Randolph Dr. Suite 5500  
Chicago, IL 60601

KTM2 LLC  
6701 West 64th Street  
Suite 125  
Overland Park, KS 66207

Local Waste Services Ltd.  
PO Box 554747  
Detroit, MI 48255-4747

Make It Pretty Inc.  
10158 Windsor Way  
Powell, OH 43065

Marc Glassman Inc.  
Attn. Melemie Petropoulos  
5841 West 130th Street  
Cleveland, OH 44130

Mark DeCastro  
6182 Parkmeadow Lane  
Hilliard, OH 43026

Mary King  
3849 Coral Creek Ct.  
Powell, OH 43065

Mayo Clinic  
Albert Lea - Austin  
Attn. Scott Ramsey  
700 West Prairie Street  
Belle Plaine, MN 56011

Mayo Foundation For Medical Education  
& Research  
200 West First Street SW  
Rochester, MN 55905

Mayo Foundation For Medical Education  
& Research  
Attn. Scott Ramsey  
Rochester, MN 55905

McDoanld HealthSpot LLC  
C/O McDoanald Partners LLC  
959 W. St. Clair Ave.  
Cleveland, OH 44113

MDC Health Co-op  
175 Varick Street  
9th Floor  
New York, NY 10014

Medventures/Cloud MD  
Attn. Shaz Khan  
15 Allstate Parkway  
Markham ON L3R 5B4

Michele Kothe  
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Microsoft Corporation  
Dept. 551 Volume Licensing  
6100 Neil Rd. Suite 210  
Reno, NV 89511-1137

Microsoft Licensing GP  
Attn. OEM Contracts  
6100 Neil Rd. Suite 210  
Reno, NV 89511-1137

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Nadine Finnerty  
Cox Communications Inc.  
1400 Lake Hearn Dr. NE  
Atlanta, GA 30319

Netserve 365 LLC  
1000 Cliff Mine Rd.  
Park West One Suite 250  
Pittsburgh, PA 15275

NewCrop LLC  
Accounts Payable  
9055 Soquel Dr.  
#H  
Aptos, CA 95003

NewCrop LLC  
1800 Bering Drive  
Houston, TX 77057

NFS Leasing Inc.  
900 Cummings Center Suite 309-V  
Attn Customer Service  
Beverly, MA 01915

Nottingham Spirk  
2200 Overlook Road  
Cleveland, OH 44106

Nottingham Spirk Design  
Attn. John Spirk  
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Cleveland, OH 44106

Office Depot  
PO Box 630813  
Cincinnati, OH 45263-0813

Ohio Chamber of Commerce  
230 East Town Street  
Columbus, OH 43215

Ohio Development Services Agency  
Attn. Loan Servicing Office  
77 South High Street 28th Floor  
Columbus, OH 43215

Ohio Development Services Agency  
Tax Credit Authority  
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77 South High Street 28th Floor  
Columbus, OH 43215-6130

Ometek Incorporated  
790 Cross Pointe Rd.  
Columbus, OH 43230

Oracle America Inc.  
500 Oracle Parkway  
Redwood City, CA 94065

Oracle America Inc.  
500 Oracle Parkway  
Redwood City, CA 94065

Paramount Financial Communications Inc.  
dba Plan Managment Corp.  
44 West Lancaster Ave.  
Ardmore, PA 19003

PH Group Ltd.  
21 Laffan Street  
Hamilton Bermuda HM 09

Pitney Bowes  
PO Box 371874  
Pittsburgh, PA 15250-7874

Pro Football Hall of Fame  
Enshrinement Festival  
222 Market Ave. N  
Canton, OH 44702

Product Safey Consulting Inc.  
605 Country Club Dr.  
Suites I & J  
Bensenville, IL 60106



Promedica Physicians  
& Continuum Services  
Attn. Paul Muneio  
5855 Monroe Street  
Sylvania, OH 43560

PSC Managment Limited Partnership  
Attn. Facility Manager  
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PSC Managment Limited Partnership  
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Farmers Branch, TX 75234

Right Way Supply Chain Solutions LLC  
C/O JNH Logistics  
770 Morrision Rd.  
Columbus, OH 43230

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Attn. Accounts Receivable  
PO Box 3165  
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Rite Aid Corporation  
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Robert Half International  
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Chicago, IL 60693

Robert Half Technology  
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Milwaukee, WI 53202

Ryan Rimmel  
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SAGE  
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Dallas, TX 75320-3141

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Pittsburgh, PA 15222-5416

Schneider Downs & Co. Inc.  
41 South High Street  
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SEKO  
1100 Arlington Heights Road  
#600  
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Shred-It  
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Silo Connectors  
730 Ken Mar Industrial Parkway  
Broadview Heights, OH 44147

Silo Connectors LLC  
PO Box 94749  
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Medical Group  
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Oakland, CA 94612

Southwest Display & Events  
1200 Crowley Dr.  
Carrollton, TX 75006

Stacy Butterfield  
Cardinal Health  
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Steve Cashman  
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dba Trust Commerce  
9850 Irvine Center Dr.  
Irvine, CA 92618

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Teladoc Inc.  
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The MetroHealth System  
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Cleveland, OH 44109

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Saint Paul, MN 55164-1803

Thomson Reuters  
Payment Center  
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Carol Stream, IL 60197-6292

Time Warner Cable  
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Carol Stream, IL 60132-0916

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Time Warner Cable Enterprises LLC  
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Tracy McCurry  
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Tri-State Outreach  
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Pepper Pike, OH 44124

Twin Valley Publications  
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West Alexandria, OH 45381

University Hospitals Case Medical Center  
Attn. President  
11100 Euclid Ave.  
Cleveland, OH 44106

University Hospitals Health Systems Inc.  
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Attn. Chief Legal Officer  
Beachwood, OH 44122

Variety Children's Hospital  
dba Miami Children's Hospital  
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Miami, FL 33155

Vector Security  
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Cleveland, OH 44101-6462

Vidyo  
PO Box 360642  
Pittsburgh, PA 15251

Vidyo Inc.  
PO Box 360642  
Pittsburgh, PA 15251

Vidyo Inc.  
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7th Floor  
Hackensack, NJ 07601

Wal Mart Stores Inc.  
Attn. Tim Johnson  
702 SW 8th Street  
Bentonville, AR 72712

Wells Fargo Equipment Finance  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069

Xerox Business Services LLC  
Attn. Connie Harvey  
1001 Yorkshire Blvd.  
Lexington, KY 40509

Xerox Consulting Company Inc.  
C/O Xerox Business Services  
2828 N. Haskell Ave. Bldg. 1 9th Floor  
Attn. Group Counsel For Comm. Solutions  
Dallas, TX 75204

Yamamoto  
88178 Expedite Way  
Chicago, IL 60695-0001

Yamamoto  
219 2nd Street North  
Minneapolis, MN 55401

**United States Bankruptcy Court  
Southern District of Ohio**

In re **HealthSpot Inc.**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **HealthSpot Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Algene Jay Houtsma  
751 SE CR 36  
Syracuse, KS 67878

---

AOAS, LLC  
206 East 17th Steet, Apt. 5A  
New York, NY 10003

---

Barry A. Goldberg Revocable Trust  
c/o Barry Goldberg  
4970 SW 72nd Avenue #105  
Miami, FL 33155

---

Boake A. Sells Trust dated 12/14/88  
11714 Walton Place  
Naples, FL 34110

---

Brian W. Slusser, LLC  
c/o Brian Slusser  
4100 Belmont Place  
New Albany, OH 43054

---

Bruce T. Roberts  
307 Edwards Ferry Road  
Leesburg, VA 20176

---

BT HealthSpot Investments LP  
Blue Tree Capital Group, LLC  
Attn: Catherine Mott  
79 Plummer McCullough Road  
Mercer, PA 16137

---

Buckeye Medical of Ohio  
Attn: Branden Joe  
1751 Tremont Road  
Upper Arlington, OH 43212

---

Calfee Halter & Griswold Profit Sharing  
Trust & Plan fbo John Mino  
Attn: John Mino  
824 Hardwood Court  
Gates Mills, OH 44040

---

Capital One Partners LLC  
Attn: Jim Petras  
1801 East Ninth Street, Suite 1700  
Cleveland, OH 44114

---

Cardinal Health  
Attn. Joshua Gaines  
7000 Cardinal Place  
Dublin, OH 43017

---

Chad A. Monnin Rev. Trust dtd 1/28/08  
c/o Chad Monnin  
4527 Northgate Rd.  
New Albany, OH 43054

---

Chad Utrup  
8173 Tillinghast Dr.  
Dublin, OH 43017

---

Cheryl Krueger  
7130 Greensward Road  
New Albany, OH 43054

---

Colleen Victory  
43650 Diamondback Way  
Steamboat Springs, CO 80487

---

David Bianconi  
7825 Red Bank Road  
Westerville, OH 43082

---



Doug Geubelle  
PO Box 203  
309 W. Main  
Lakin, KS 67860

---

Early Stage Partners II L.P.  
Attn: Jim Petras  
1801 East Ninth Street, Suite 1700  
Cleveland, OH 44114

---

ECE Capital LLC  
Squire Ridge Company, LLC  
Attn: Steve Ross  
2000 Auburn Drive, Suite 300  
Beachwood, OH 44122

---

Elizabeth J. Swaro  
4289 Hickory Rock Drive  
Powell, OH 43065

---

FCIP2, LLC  
Attn: Brett Febus  
4700 Northwest Parkway, Suite 230  
Hilliard, OH 43026

---

Floyd D. Loop, Trustee under Trust Agree  
Attn: John F. Shelley  
4900 Key Tower 127 Public Square  
Cleveland, OH 44114

---

GC Squared, LLC  
Attn: Paul Gross  
996 US HWY 42 SE  
London, OH 43140

---

Hallberg Family Investments LLC  
c/o Charles Hallberg  
3500 Rum Row  
Naples, FL 34102

---

Hondros Family Real Estate LLC  
Attn: John Hondros  
4140 Executive Parkway  
Westerville, OH 43081

---

HS Investors LLC  
c/o Wayne Wellman  
145 Rose Street  
Lexington, KY 40507

---

Hugh Cathey  
7828 Scioto Crossing Blvd.  
Dublin, OH 43016

---

Jake Juhl  
506 East Thorpe Street  
Lakin, KS 67860

---

James C. Althans, Trustee of the  
James C. Althans Trust  
Attn: James Althans  
16945 Cats Den Road  
Chagrin Falls, OH 44023

---

James H. Hummer  
206 East 17th Street, Apt. 5A  
New York, NY 10003

---

James J. Hummer  
9205 Veneto Lane  
Naples, FL 34113

---

Jeffrey H. Kuhr  
11 Rutland Road  
Scarsdale, NY 10583

---

Kimberly Kryvick Revocable Trust  
c/o Kimberly Kryvicky  
2256 Residence Circle  
Naples, FL 34105

---

KTM2 LLC  
Attn: Matt Condon  
6400 Glenwood, Bldg 4, Ste. 111  
Overland Park, KS 66202

---

Louis Hogan  
3301 Carroll Avenue  
Owings Mills, MD 21117

---

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☐ None [*Check if applicable*]

January 13, 2016

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Date

/s/ David M. Whittaker Esq.

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Signature of Attorney or Litigant

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